



Release of All Claims

Franklin County Community Garden

I, _____, am a participant in the Franklin County _____ Community Garden. As a condition of being allowed to participate in the Community Garden, I agree to the following:

1. I agree to abide by the Rules of the Garden incorporated hereto.
2. I am duly aware of the risks and hazards that may arise through the participation in the Franklin County Community Garden, and I assume any expenses and liabilities that I incur in the event of an accident, illness, or other incapacity. If I have any questions about the Franklin County Community Garden, its nature, risks, or hazards, I have contacted the Franklin County Community Garden Program Coordinator and discussed those questions with him or her to my satisfaction.
3. In consideration of being granted the opportunity to participate in the Franklin County Community Garden, I, for myself, my executors, administrator, agents, and assigns do hereby discharge the Franklin County Board of Commissioners, its administrators, employees, servants, agents, assigns, and officers from all claims of damages, demands, and any actions whatsoever, including those based on negligence, in any manner arising out of my participation in this activity. I understand that this release means that, among other things, I am giving up any right to sue the Franklin County Board of Commissioners for any such losses, damages, injury, or cost that I may incur.

I represent and certify that my true age is either 18 years old, or if I am under 18 years old on this date, my parent or legal guardian has read this entire release. I fully understand it, and agree to be legally bound to it.

Participant's Signature _____

OR

Parent/Guardian _____

Printed Name _____ Date _____